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ABSTRACT

The multiple-birth family must struggle to cope with extraordinary issues with little or no information or support, and with little understanding from the community at large. This paper describes such issues and their impact on the lives of families of twins, triplets, quadruplets, and quintuplets from conception through adolescence. An introduction offers facts about twins, risk factors, the TWINLINE service agency, population diversity, lack of resources, psychosocial risks, and common needs of parents identified in TWINLINE service records. Psychosocial issues affecting multiple-birth families are then discussed. Sections of the report concern pre-conception issues, diagnosis, the prenatal period, postpartum issues, going home from the hospital, care of newborn multiples at home, infancy, the toddler and preschool period, school age, teenage years, supertwins (triplets, quadruplets, and quintuplets) and the twin relationship. It is concluded that the unique stresses on California's approximately 50,000 multiple-birth families deserve special attention from medical and social service organizations. Recommendations are offered for supportive policies, education, service delivery, and research. (RH)

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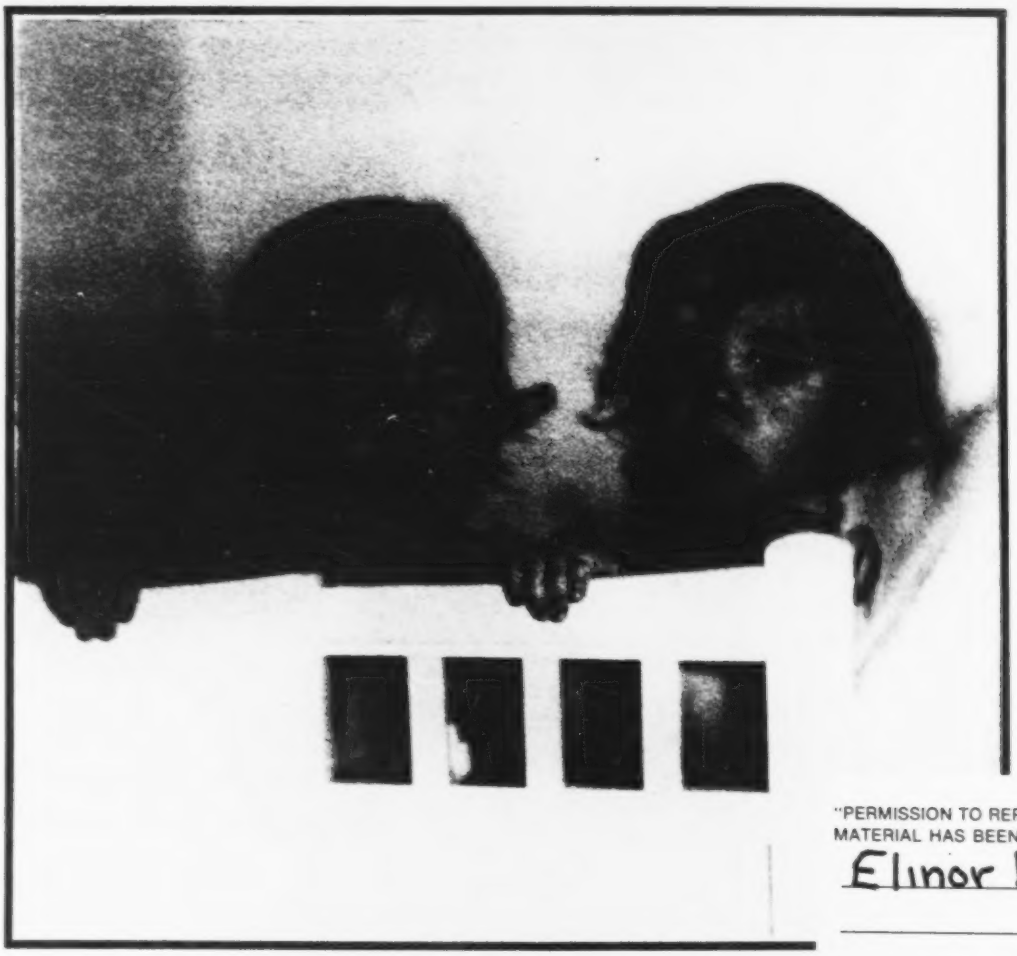
TWINSHOCK:

Twins are a Hard Happiness



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ISSUES IN THE CARE OF MULTIPLE BIRTH CHILDREN

TWINLINE, *Services for Multiple Birth Families*

Special Project of California Department of Health Services,
Maternal and Child Health Branch

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TWINSHOCK: TWINS ARE A HARD HAPPINESS

ISSUES IN THE CARE OF MULTIPLE BIRTH CHILDREN

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PREFACE

This report was produced for the California Department of Health Services' Maternal and Child Health Branch to provide a baseline for the development of MCH Guidelines for Essential Non-Medical Services for Multiple-Birth Families in California from conception through adolescence. Draft guidelines for "The Prenatal Period" were issued June 30, 1987. Guidelines for "Birth through the First Year" will follow on June 30, 1988.

Drafts of portions of this report first appeared in three papers presented by TWINLINE to the International Society for Twin Studies Conference in Amsterdam, Netherlands, in September, 1986. The papers, "Maternal Recognition of the Symptoms of Plural Pregnancy," "Essential Non-Medical Perinatal Services for Multiple Birth Families," and "Respite Care--A Lifeline for Low-Income Multiple Birth Families" will be published in the Society's journal, Acta Geneticae Medicae Et Gemellologiae, Volume 36, during 1987.

I would like to thank the members of the Society for their critical reveiw and discussion of the issues which have informed this final version, particularly: Louis Keith, M.D., president of the Center for the Study of Multiple Birth and professor of obstetrics/gynecology at Northwestern University; Marion Meyer, past president and executive secretary of The National Organization of Mothers of Twins Clubs, U.S.; Sheryl McInnes, past president of Parents of Multiple Births Association of Canada and director of the Multiple Birth Resource Center of Canada; Patricia Stewart, R.N., director of Multiple Birth Study Centre of Australia; David Hay, Ph.D., director of the LaTrobe University Twin Study, Australia; and Elizabeth Bryan, M.D., pediatric advisor to Twins and Multiple Birth Association of Great Britain.

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Following is a partial list of those individuals and organizations to whom TWINLINE is indebted: My family, including my twin daughters Krista and Kelda whose births started it all, and Catherine Phegan, Ph.D., with whom, in 1978, I co-founded the Twin Care Study Center, the precursor of TWINLINE. BANANAS, INC., childcare resource and referral for Alameda County, TWINLINE's original sponsor, provided our first office and Betty Cohen, M.S.W., President of BANANAS, INC. guided the development of TWINLINE's first services. BANANAS staff members Jo Ellen Spenser-Perry, Judy Calder, R.N., Rory Darrah, M.A., Arlyce Curry, Blanca Nunez and Millie Yu, R.N., gave generous amounts of technical assistance during the six years TWINLINE grew from a small pilot project to an independent non-profit agency.

Many hard-working volunteers from the Bay Area business and social service community, some of whom have or are twins, contributed thousands of hours to the development of TWINLINE into a non-profit social service agency: Denise Harter (President), Priscilla Wrubel (Vice-President), Richard Daum (Treasurer) Kris Mataresse (Secretary), Nancy Hilton, M.D., Phil McGough and Diane Wyatt, M.A., of TWINLINE's current Board of Directors; Terry Alexander, Yvonne Dotson, R.N., Barbara Dunlap, M.S.W., Cheryl Jacques, R.N., Sally McGough, Clinton Monroe, Cornelia St. John, M.A., Tom Waite, and Mary Wieland, M.S.W., past Directors; Albert Brooks, M.D., Lee De La Figaniere, Susan Deming, Ellen Dolich, Calvin Hobel, M.D., Sue Kramer, L.C.S.W., Julie Landres-Schnur, Alice Large, L.C.S.W., Susan Munoz, Bruce Raskin, William Rhea, M.D., and Daniel Safran, Ph.D., of TWINLINE's Advisory Board.

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Patricia M. Malmstrom
Executive Director
TWINLINE
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TWINSHOCK: TWINS ARE A HARD HAPPINESS

Issues in the Care of Multiple Birth Children

30,000 sets of twins, triplets, quadruplets and quintuplets are born each year in the United States, 4,300 in California alone [23]. The parents of these some 60,000 children, their families, friends, nurses, doctors and even strangers share a special euphoria at the news. Twins have always been powerful symbols in mythology and religion. Perhaps we are all intrigued by the idea of the twin bond and the possibility of being born with a life partner. And the visual impact of twins is striking and appealing. Whatever the reason, there is a general concensus in our culture that the arrival of twins or more is a happy event. The media recognize this. Multiple birth children are used to advertise everything from chewing gum to diapers and are everywhere associated with happiness. Happiness and joy are only part of the real picture, however. For although a family may consider itself well blessed by the arrival of twins,* coping with the stresses of caring for them is one of the biggest challenges any family can face in the 1980's in the United States.

* Twins will hereinafter be meant to include all multiple birth children, unless otherwise stated.

Twinning Facts

One in every 90 U.S. births results in twins. One in every 10,000 births produces triplets [11,20,23]. Monozygotic, or one-egg, twins account for about 30 percent of twins and occur at about the same frequency across all populations, irrespective of maternal age. The rate of dizygotic, or two-egg, twins varies with the race of the mother. Blacks have the highest rate: one in every 78 births. For caucasians, the rate is one in every 100 births, and for non-white Asians, one in every 147 births [7]. Dizygotic twinning increases with maternal age, peaking between the ages of 34 and 39 [25]. Some evidence suggests that twinning rates are gradually increasing in the U.S., perhaps influenced by the increased use of ovulation stimulants and the changes in maternal age [2].

Risk Factors

In spite of their substantial numbers and the well-known medical risks associated with their births, there has been little recognition, until recently, of the stressful impact the arrival of multiples can have on their family.

Over 50 percent of multiple-birth babies are premature and consequently have a higher rate of birth defects and neonatal

death [10,11]. And though they represent only two percent of births, multiples account for up to 20 percent of very low birth-weight infants (under 1500 grams). Their perinatal mortality rate is approximately five times greater than babies born singly [16,23]. Recent efforts at improving infant survival rates have stimulated interest in the psycho-social factors associated with pre-term birth. The disproportionately high representation of multiple-birth babies among the premature has drawn attention to the effects of their arrival on their families. As more is understood about the extraordinary stresses in multiple birth families, interest is growing in finding ways to meet their special needs [4,5,8,15,18,21,24,27].

TWINLINE

In 1981, the Maternal and Child Health Branch of the California Department of Health Services funded a Demonstration Project called TWINLINE to develop and test psycho-social services to help multiple-birth families in the San Francisco Bay Area cope with their unique stresses. Parent and professional response to TWINLINE services was immediate and positive. [See Table 1.] Demand for service throughout California led to the evolution of the project into a non-profit social service agency in 1984. With continuing support from the Maternal and Child Health Branch, augmented by donations from individuals, foundations, corporations and sales of TWINLINE publications, TWINLINE now annually serves approximately 1,500 parents and

health and family service providers throughout California and another 500 in the greater United States. TWINLINE publications reach thousands more. TWINLINE services include a free telephone hotline for information, counseling and referral; training workshops and presentations for health providers; free and low-cost publications; and for families in the Bay Area: classes, events, support groups and a respite program providing subsidized in-home help for low-income multiple-birth families in emergency situations [15].

Diversity of Population

Multiple-birth families are a diverse population, represented at all socio-economic and educational levels and found in all racial and ethnic groups. They include two-parent families, single mothers, single fathers, teen parents, refugees and adoptive parents. All of them must cope with issues and stresses which are unique to the multiple-birth situation, as well as stresses common in the life of any family, but which intensify when there are multiples. These families share a common need for psycho-social support and specialized parenting education. Many multiple-birth families have other special needs as well, such as subsidized childcare or respite, housing, equipment, extra medical care, transportation, professional counseling, and basic parenting education.

Stresses

The economic and social environment in the U.S. in the 80's is not well structured to support the needs of these families. Nuclear families are frequently separated from the relatives who might in earlier times have been able to give emotional support and help with childcare. This means many families are isolated and left to cope without adequate sleep for weeks at a time. Financial hardship increases quickly when there are extra medical costs, as there frequently are for the care of premature multiple-birth infants. Families dependent on two incomes may flounder economically for years when the mother's health and/or the high cost of childcare for multiple babies prevents her returning to work. And the high cost of housing frequently means that a family must struggle to live in an apartment too small to accomodate its needs.

Lack of Resources

These needs and stresses have been largely unacknowledged in the U.S. health and family service community. With the exception of the peer support offered by a national network of mothers of twins clubs, there has been no recognition of this devastating stress, no organized help and scant literature. Multiple-birth families have been left to cope in isolation with a constellation of physical, emotional, psychological and financial stresses which can stagger the resources of the most stable families [15,16,19,22,26,28].

Psycho-Social Risks

Unalleviated, this combination of hardships can seriously damage the fabric of family relationships and lead to heightened risk for illness, emotional breakdown, divorce, and drug and alcohol abuse [6,12,19,22,28]. Twins themselves are especially susceptible to speech and learning problems [13,29]. Even more disturbing, they are two and one half times more likely to be victims of child abuse and neglect than are single children [9,13,17].

TWINLINE Data

TWINLINE service records dramatically illustrate these issues. Of the 1543 service contacts recorded between January 1 and June 30, 1986, 105 or seven percent were requests for respite care (in-home help) from parents with no other resources [16]. The issues raised most often by all callers were, and continue to be:

* Medical management of plural pregnancy, e.g., bedrest and C-section

* Twin rearing, e.g., care of newborns and premature infants, sleeping and eating habits, toilet training, biting, school placement, language development, twin bonding and competition between the twins and with

other siblings.

* Stress management

* Disability or death of a twin

Purpose of this Report

The current disarray in family support and maternal and child health services throughout the country is compounding the difficulties of normal family life. For a multiple birth family coping with multiple stresses, the impact is even greater. From conception through adolescence, the multiple-birth family must struggle to cope with some extraordinary issues with little or no information or support, and with little understanding from the community at large. This paper will describe these issues and the impact on the lives of families of twins, triplets, quadruplets and quintuplets from conception through adolescence.

It is our hope that this review will call attention to the needs of this neglected population and help to foster the development of services for them throughout health and family service networks in California and throughout the country.

PSYCHO-SOCIAL ISSUES AFFECTING MULTIPLE-BIRTH FAMILIES

BEFORE CONCEPTION

"I expected my twins to be like two little book ends, two little veggies. It's so wonderful to discover the differences between them." --Parent of six-month-old fraternal girls.

Ignorance of Twinning Facts

Few people understand the biology of twinning, the facts about the chances of twinning, the symptoms of plural pregnancy. Fewer still are well-informed about the needs of multiple-birth children and the special challenges involved in rearing them.

Influence of Mythology on Parents

Many people, however, hold very strong, ill-founded beliefs about twins and, as a consequence, are poorly prepared to cope well when twins or more arrive. Some women fail to report their symptoms of twin pregnancy believing that, "I couldn't have twins because I know they skip a generation and my mom had them." Some parents are surprised and overwhelmed by their fatigue in the early months of multiple baby care, believing the commercials which depict twins as "two little dolls." Some parents, fearing that the babies will become "dependent like those crazy twins I read about in the paper who are still dressing alike at age 60" even build a barricade down the middle of the crib. Many parents, believing that in each set of twins there is a "good" and a "bad" twin, assign labels to their newborn infants. "This is my bad twin. He's so fussy! And this is the good one. She hardly ever cries."

Influence of Mythology on Quality of Care

The general ignorance and pervasive mythology about multiple-birth children suffuses the professional community and can seriously damage the quality of care available to their families. Obstetricians sometimes dismiss a woman's suspicions that hers is a twin pregnancy in the belief that "all women think they're having twins." A woman's exhausted struggle to care alone for two or three babies may be written off as a transient "post-partum depression."

Lack of Official Recognition of Needs

Social service and public health departments, hard-pressed to serve the enormous population of needy parents, have little time or resources to provide the extra kind of attention and education multiple-birth families so desperately need. With the exception of the "high-risk pregnancy" designation, multiple-birth families have no official recognition as a population in need of special services.

Vital statistics records lack information important in assessing the needs of the multiple-birth population. For example: birth certificates do not designate the type of multiple birth or whether the co-twin(s) are surviving. This means we cannot accurately report the numbers of living sets of twins, triplets, quadruplets and quintuplets.

DIAGNOSIS

"I'm still in shock...We already bought one of everything for one baby and now we have to do it all over again!"
--Expectant mother of twins

Timing

The entry into the multiple-birth community is usually an exciting time for a family. When the news is out that the baby is twins or supertwins, the parents become local celebrities and there is great interest in the progress of the pregnancy. How big is the mother? How much weight has she gained? How long is she going to go on working? Sometimes this passage is not very clear. Diagnosis may be unsure, very late in the pregnancy or, in fact, missed entirely [14].

Early Diagnosis

The increased use of ultrasound and amniocentesis has improved the diagnostic rate in this country to about 85 percent. It is imperative that the family have a diagnosis as early as possible for important psychological reasons as well as medical ones. When the pregnancy is known to be a plural one the mother can get the medical attention required and the family can begin to plan for the potential complications of a multiple birth and the extra care the children will require. When diagnosis is late or is never made, the parents suffer real "shock" which can irrevocably impair their ability to manage their multiples well.

Maternal Self-Diagnosis

TWINLINE research has found that women may experience a

constellation of physical symptoms early in pregnancy which are good predictors of a multiple birth [14]. Few women know this and sometimes fail to mention their perceptions to their obstetricians in deference to the physician's authority, believing "it must be all in my head." Further research could improve our understanding of these symptoms and validate maternal perceptions.

PRENATAL PERIOD

"We've got a two-year-old and we're expecting triplets. Where can we find a stroller for four?" --Expectant father

Ultrasound

Usually, medical confirmation of a plural pregnancy comes during an ultrasound. Sometimes the ultrasound is undertaken to screen for twins, sometimes for some other condition. Sometimes the twins are suspected, sometimes not. In either case, the psychological impact is trememdous and evokes profound reactions, many of which are negative.

Parents' Needs

When diagnosis is made ahead of the birth, the parents are in immediate need of specific information regarding the management of this special pregnancy and preparation for the care of the children. All too often, parents are given nothing but the news that it's twins or triplets with, at best, a phone number to call. Actual brief counseling is called for. Referral

to another agency at a moment of crisis can be perceived as rejection rather than as a helpful suggestion.

Pregnancy Management

Medical theory varies about the best ways to manage a twin pregnancy, and little research is available on the nutritional and exercise requirements of plural pregnancy. Since the risk of prematurity is very high, it is important that the mother receive adequate medical help and advice about nutrition and exercise to reduce this possibility. Researchers in preterm labor prevention projects are finding that women who are educated about the symptoms of preterm labor are in a much better position to get timely medical intervention should labor begin. Unfortunately, however, such specialized education is not now readily available for all women expecting multiples. Further research on medical management and nutritional and exercise requirements in plural pregnancy is imperative to improve the rate of healthy multiple births at full term.

Bedrest

Many women carrying multiples are put on bedrest to prevent premature delivery. Whether the bedrest is in a hospital or at home, prolonged immobility of the wife/mother puts a psychological strain on the whole family. If she has had to leave work earlier than planned, it causes financial strain, as well. Women on bedrest endure weeks or months of tedium, discomfort, anxiety about the babies and guilt over not contributing to the household work and care of older children.

Their mates and children may not understand the importance of maintaining the bedrest in as relaxed a state as possible, and may resent the mother's inactivity.

Because of these pressures, women sometimes cannot or will not comply with the prescription of bedrest. With the exception of TWINLINE's small Respite Program, there is no subsidized assistance available for low-income women in this predicament. Few maternity leave policies provide for prolonged absence due to bedrest and few insurance companies are willing to underwrite home care for women expecting multiples [20].

Baby Care

Along with the medically related factors, there is a need for information about the care of multiple-birth babies. How big will they be? Can they be nursed? The pros and cons of nursing are important issues at this stage, as well as preparation for the physical care of newborn multiples.

Getting Help

Parents frequently make a strategic mistake in waiting until after the babies' birth to see how they'll get along before making arrangements for any kind of help. Lulled into a false sense of security by the glamourous media images of twins and torn by guilt lest they appear to be self-indulgent or less than competent, many parents want to "go it alone" at first. This is the mistake parents most regret making.

Clothes and Equipment

The preparation of equipment, clothing and space for two or more babies is another major undertaking. Buying or finding donated clothing and equipment, including sufficient car seats, cribs and a special stroller, take considerable time, effort and money. When the mother is single and on bedrest, it sometimes becomes impossible.

Siblings

Preparation of older children in a family is an imperative part of getting ready for multiples. Parents need time and information to do this in ways appropriate to the ages of the children.

The Couple

The couple expecting multiples has to make an enormous life adjustment. The couple will have little time for their relationship in the early months of twin care. With little sleep, the financial and emotional stress can take an enormous toll on a marriage. Couples need preparation time and information so that they can prepare a support system which will give them time for themselves.

POST-PARTUM

"I was put on bedrest at 24 weeks and had several bouts of premature labor. Then I had to have an emergency C-section which dashed my dreams of a natural birth with my husband helping. When a nurse in the recovery room said, 'It's too bad you won't

be able to breastfeed,' I just burst into tears. Nothing about this pregnancy and birth had gone as expected and I was devastated to think I couldn't even nurse my babies."

Delivery

The birth of multiples is a dramatic event in the obstetrical department. When it is anticipated, extra doctors and nurses may be involved. When their arrival is a surprise, there is usually a flurry to get more help in the delivery room. In all the excitement of getting the babies birthed, the parents' feelings and worries may be neglected. Parents benefit from early connection with the babies, even if only for a second. Babies may be rushed from the room for special care as they are born. This is a critical period for the parents in their bonding with the babies. When both the mother and the father have the chance to meet each baby as it is born, even briefly, it can help alleviate their fears and build the confidence they will need to take care of them all.

Nursing

Parents report that good post-partum education in the hospital helps relieve some of their fears about being able to cope. Parents who are encouraged and helped to begin nursing in the hospital can have an easier adjustment. Unfortunately, nursing personnel sometimes do not know it is possible to nurse twins and discourage the mother from trying. Nursing multiples is not simple, but its benefits to the infants and for the bonding process far outweigh the difficulties in the long run in

most cases. Mothers are easily discouraged by the difficulties of the start-up process. Help from hospital personnel can make the difference between success and failure.

Premature Multiples

Over 50 percent of multiples are low birth-weight babies and have a high rate of prolonged hospitalization. Frequently one or more baby will need to be transferred into a tertiary care center for special treatment. It often happens that newborn multiples are hospitalized for several weeks in different hospitals, because of a difference in severity of their problems. When this happens, parents must not only contend with the stress of bonding with premies who can't come home, but must somehow connect with babies in different hospitals, sometimes even in different cities. The difficulties involved in visiting can drastically reduce parents' ability to visit and bond with their premies. Without strong emotional connections, parents may be unable to care adequately for their babies when they finally do come home [1,27].

Disability

When one or more of the babies is disabled, parents may be bombarded with well-meaning but painfully inappropriate remarks, such as, "Well, at least you have one healthy one." Adjusting to the enormous tasks of caring for a disabled child or chidren, including bringing them to and/or providing regular therapy, requires heroic effort beyond the capacity of most families.

Only limited respite funds are available to help with this extraordinary situation: TWINLINE's small respite program and limited funds from Regional Centers which provide for a maximum of 14 hours care per month for a disabled child and do not cover the well children in the family [16].

Death

Parents who lose one or more multiple-birth babies suffer an agonizing dilemma in needing to grieve for the dead infant(s) and rejoice in the life of the survivor(s). The surviving infants need comfort, too, for they perceive the loss of physical closeness with their womb companion(s). Many adult twin survivors speak poignantly of the loss of their twin in infancy and seek counseling to deal with issues of guilt and loneliness [4].

GOING HOME

"I wish we had taken TWINLINE's advice to get help at the start. We had no idea how tired 'tired' is until the babies came home." --Father of six-month-olds

Leaving the hospital with a carload of multiples is an exciting and fearful event. Parents need all the reassurance and moral support the hospital can give them at this time. It is imperative that parents have ready access to professional guidance when they are home. Nursery staff that offer their help by telephone, even in the middle of the night, are a godsend.

This is the day that underscores the need of multiple birth

families for extra clothing and equipment. A layette for two or three or four is many times more expensive than for one. Car seats for each baby and a car large enough to accomodate them may be beyond the budget. When this is true, parents must use public transit--a difficult feat when carrying multiple newborns.

AT HOME: THE CARE OF NEWBORN MULTIPLES

> "I thought I could handle anything until I had twins."
> --40-year-old career woman with 6-month-old twins

The Facts

Newborn multiples require as many as 8-10 feedings each per day, and a dozen diaper changes apiece. The activities of nursing and changing the babies quickly add up to 12 hours. There are days when the parents can barely fit in a trip to the bathroom, let alone time for a meal. Time for housework, shopping, laundry, care of other children and rest is fragmented and in short supply. Sleep deprivation slowly but surely undermines parents' coping strength and health. Parental lack of sleep can put the the whole family in danger. Parents fall asleep while holding babies, in spite of their best efforts to stay awake. They fall asleep at work, even standing up. Tension mounts, tempers flare and the whole family suffers.

The Importance of Help

With help during the first few months of care, parents can make some order of their difficult situation and get the rest

they need to cope. They are less likely to become depressed or sick. Parents who develop support systems using relatives, neighbors, friends or hired help report less stress and more enjoyment. For some parents who lack a support system of family and friends who can help and lack the money to hire help, the stress becomes intolerable. The father or the mother may leave. Physical abuse may begin. Alcohol and drug use enter the picture or increase.

The first three to four months of multiple-birth care at home is a time of high need. Finding help and using it well are skills that not all families have. Even families who can afford help, may not know how or when to get it. And many families cannot find affordable help willing to come to a home with multiple-birth children. Mothers frequently have to stay home rather than return to work as scheduled, causing family finances to suffer further. Single mothers who counted on being able to take their single baby to childcare when they returned to work or school, find themselves immobilized when the single baby turns out to be twins or triplets.

Parents who must provide special attention for disabled or sick infants have even more need for help. These families may need to take one or more babies for special treatment several times a week, and without childcare, may need to bring the well infant(s) and other children as well. Respite money is limited in scope and amount [16].

INFANCY

"With twins, everything intensifies. Sometimes the pressure really gets to us and we lose control. The neighbors called the police on us last night." --Mother of infant twins and a toddler

Management Issues

When the babies begin to sleep through the night, the parents can begin to sleep for four or five unbroken hours and manage the household a little better. The demands of care, however, are considerable. There are still many feedings and changings, as well as the laundry and the shopping. As the babies grow, they need more space. One crib will no longer work for two and as they begin to crawl and get into things they need more room. Child-proofing is a critical imperative. And yet, this is the calm period before the great stormy one of the toddler stage.

Siblings

The effect of the arrival of multiples on the older children in the family is profound. The celebrity status of twins makes them powerful rivals for the attention of friends and relatives. And the demands their care make on their parents' time usually changes the siblings' lives enormously. With loving attention, the siblings can develop positive attitudes toward the twins. When siblings are neglected by overwhelmed parents, they can suffer disabling loss of self-esteem.

Identicals and Fraternals

When babies are identical, family members may have difficulty identifying them. (Identical triplets say they have trouble knowing which of the other two is which.) This can lead to mix-ups in feeding and giving medicine and baths. When the babies are fraternal, their different temperaments may lend themselves to very different eating and sleeping patterns, making the family schedule even more complicated.

Father's Help

Mothers rate the help of fathers as the most valuable assistance they can have. The participation of an involved father makes a happy adjustment more likely [3]. Without mutual cooperation between the parents, the marriage may suffer or end abruptly. Some mothers abandon the family; some fathers do.

TODDLER AND PRESCHOOL PERIOD

"I think the kids will survive, but will I?" --Mother of toddler twins

The care of toddler multiples is the most continually stressful period of their lives for their parents. The difficulties of constantly monitoring the explorations of two, three or four babies easily overwhelms energetic parents and discourages babysitters. As twins enter the toddler months they face two separations: from their parents and from each other. These separations and the testing which goes with them lead to an

environment charged with emotional intensity. The strong bond between the multiples which has been a joy to observe now presents an exasperating disciplinary challenge to parents as the children test each others' and their parents' limits.

Twin Relationship

Along with their exploration of the physical world, toddler multiples experiment with their relationships to each other and the other members of the family. Issues of identity, socialization and competition complicate the ordinary childhood milestones and activities. This period challenges experienced parents, frightens babysitters, shocks strangers, and requires skillful parenting. Parents need acknowledgement of their difficult tasks and information about the twin relationship, setting limits, child-proofing and language development.

Sleep Disruption

Teething discomfort and other sleep disturbances ordinarily interrupt the parents' rest for nights at a time. Rest for the parents is critical and often difficult to afford or find.

Often parents who had intended to stay home with the children until they started preschool go back to work for "the rest" even though they may spend their entire paycheck on childcare.

Transportation Problems

Twins or triplets or more are a handful to take on outings at this stage and the difficulties of getting around isolate

families just when they most need to get out. Opportunities to see and play beside other children are especially important in terms of language development. Without the incentives to communicate to other children, twins can develop language patterns such as mutual baby talk or extremely fast speech which makes them hard if not impossible to understand. This can lead to further isolation and long-term language problems [13].

Childproofing

Ordinary child-proofing devices are no match for some twins' collaborative efforts. Together, they can remove a safety gate from its hinges or move furniture into position for climbing out of windows, onto counters and into high cupboards.

Crowding

A childproof home and enough space in which to play safely are luxuries for families living in two-room apartments with no way to keep the children out of the kitchen and few resources to use in childproofing. A mother may resort to keeping her toddlers tied in their cribs to prevent their getting hurt.

SCHOOL AGE

"Are we bad because we're twins?" --Six-year-old to the principal who insisted on separating her from her twin

Rivalry

Sometime between the ages of six and eight, the rivalry between twins increases to a fevered pitch. Twins go through a period of such intense rivalry that their parents may fear for their survival. Fighting physically and verbally from sun up to sun down, twins may give their parents the mistaken idea that they don't care for each other. Nothing could be further from the truth. Parents and others are often unaware of this normal developmental stage and they need guidance about when to intervene and when to let twins have total control of their relationship. As this period dies down, a time of wonderful cooperation may ensue. Another calm before another storm: adolescence.

School Placement: Together or Apart?

Although there is no substantive research to support the idea, there is a powerful belief operative in this country that twins should be separated as soon as they start school. In some communities this affects preschool multiples, in others it is only applied when they start kindergarten. This belief seems to be rooted in a conviction that in order for twins to develop individual identities, they need to be separated. For some twins, separation is appropriate. For most multiples, however, it introduces tremendous stress which heightens their wishes to be together and affects their performance [9].

Except for TWINLINE's publications and telephone hotline, parents lack guidelines for making appropriate school placement

for their multiples and information on how to influence school policy if it will not let them place their twins together when appropriate. In general, school administrators and teachers lack education about the facts of twin development and the importance of making placement decisions on an individual basis rather than having one policy for all twins.

TEENAGE

"It's as if we have to get a divorce but we still love each other." --18-year-old preparing to attend a different college than her twin sister

Teenage multiples must grapple with the double separation from parents and each other. Each set has its own particular dynamics and needs in this regard. There is much testing of roles and relationships. The companionship of twins can be a boon during this trying period. But for some pairs, adolescence brings a rupture which may last for several years or the rest of their lives. There is no literature for teenage multiples and very little for their parents. For the most part, families struggle through this period on their own [29].

SUPERTWINS

"In the beginning, life with triplets is just a marathon of babies." --Mother of triplets

From conception onward, supertwins--triplets, quadruplets, quintuplets and more--present monumental challenges for their parents. Just coordinating the around-the-clock care and feeding of three or four tiny premies, some of whom may be on apnea monitors or need medication, is a complex organizational task. Few families with supertwins can manage without quite a lot of outside help. Supervision of several shifts of helpers, anxiety over the babies health, and the extra financial burdens are emotionally exhausting. A mother who is breastfeeding has little time for anything other than nursing and eating. This relentless schedule takes a huge toll on the whole family. Older siblings feel (and, indeed, are) neglected. Marital relationships are put on hold indefinitely.

Super-multiples are almost always premature and usually have medical problems requiring hospitalization after birth. Staggering medical bills can adversely affect the parents' finances for the rest of their lives.

The stress felt by all those around them, combined with their own health struggles cannot help but affect the babies' emotional development. As they grow older, the difficulties of transporting them on outings may result in limited chances for socializing with children outside their family. This can negatively affect language acquisition and social development [1,5,6,19,27].

TWINLINE's telephone counseling and small respite program,

and the peer support network of the Triplet Connection are the only services currently available to all California families of super-multiples. Rarely, a family is able to mobilize community or church volunteers to help, or request that baby product manufacturers donate food or diapers. (The sad experience of the Kienast quintuplet family, whose father went bankrupt and ultimately committed suicide, is a stark example of the tremendous, ongoing stress involved in rearing super-multiples.)

THE TWIN RELATIONSHIP

"I feel isolated from my own children because they are each other's authority on everything." --Mother of six-year-old twins

A Constant Concern

The relationship of twins or more to each other is the one major concern which is relevant to all twin families, whatever the age of their twins. Although the relationship of the multiples in any family passes through some normal developmental stages, it remains a reality which affects the twins and their family at all their stages of development.

The Twin Bond

Multiples are born with a special connection which is certainly physical: they have shared a womb for seven to nine months, something no other humans ever experience; it is also psychological. To the degree newborns can be connected to a human being, twins are bonded with each other as well as to their

parents. When the multiples are identical, their physical resemblance and shared temperament and abilities intensify the similarity of their shared experiences and intensify this bond. For fraternal twins, who may or may not share similar physical characteristics and temperaments, there is the possibility of a less powerful connection, but no matter what their degree of compatibility, they, too, will have a lifelong bond.

Parenting Paradox

The existence of the twin bond poses an unusual paradox for their parents who must simultaneously encourage the development of independence in their children while at the same time encouraging them to maintain a positive relationship. The early stages parallel the development of self-concept in single children who progress from physical connection with the mother through steps of separation, enhanced by walking, which lead the child at three to a knowledge of himself as a separate person. This is what twins must do, too. The attitude parents convey toward their twins' independence and relationship will either help or hinder it. Little information about how to do all this is available to parents.

When parents lack good parenting skills and information about the twin relationship, they may misinterpret normal developmental stages and make inappropriate interventions. Parents may severely punish infant twins who hit each other in the normal course of play, for example, or require that both

twins stay home when one is sick "to be fair." The unhappy result can be lifelong psychological problems which destroy the twin bond and disrupt the relationships of the entire family [29].

CONCLUSION

The unique stresses of California's approximately 50,000 multiple-birth families deserve special attention from the medical and social service world. Multiple-birth families who have appropriate information and counseling and help can make positive adjustments to this life-changing experience. When their needs go unmet, multiple-birth families can easily become trapped in insurmountable difficulties which put them at higher risk for neonatal death, disability, premature birth, child abuse, divorce, physical illness, alcoholism, sibling maladjustments and economic disaster. When this happens, the adults and children must increasingly depend upon government programs for support at escalating psychological and financial costs. Research and the allocation of resources are urgently needed to meet their special needs. See the following specific recommendations.

RECOMMENDATIONS

"TWINSHOCK: Issues in the Care of Multiple Birth Children," a report by TWINLINE, Special Project of the California Department of Health Services, Maternal and Child Health Branch, June, 1987.

A. SUPPORTIVE POLICIES

1. That the condition of a multiple gestation and birth automatically classify a family as "high psycho-social risk."

2. That care plans for parents and expectant parents of multiples include special education and service according to their needs.

3. That maternity and paternity leave policies provide extended leave for parents expecting or caring for newborn multiples.

4. That birth and fetal death certificates include multiple-birth data, including zygosity, type of multiple birth and status of co-twin(s).

5. That laboratory testing for zygosity be underwritten by insurance companies, including Medi-Cal, and that testing be standard procedure at the births of all multiples when zygosity is in doubt.

6. That insurance companies, including Medi-Cal, underwrite the cost of home care for: expectant mothers of multiples on medically ordered bedrest; families with newborn multiples; families with premature or disabled infant multiples; families with triplets, quadruplets or quintuplets.

7. That physicians and dentists be encouraged to give discounts for treatment of multiple-birth children.

8. That families with multiple-birth pre-school children be given the highest priority rating for subsidized chidcare programs.

9. That California school district policies on the classroom placement of multiple-birth children accomodate the individual psycho-social needs of each set of multiples.

B. EDUCATION

1. That families expecting multiple-birth children and parents of multiple-birth children have access to specialized parenting education and to psychological/emotional support throughout the child-rearing years, to enable them to cope well and make informed choices in the guidance of their multiples.

2. That all obstetrical and pediatric medical personnel, social workers, school administrators and teachers be educated about the

psycho-social needs of multiple-birth families through the established mechanisms of continuing education and licensing requirements.

3. That public education about the needs and care of multiple-birth children be given through the media.

C. SERVICE DELIVERY

1. That a California Multiple-Birth Registry be established to record vital statistics regarding multiple-birth children.

2. That a voluntary data bank on California multiple-birth families be established for parents and service providers.

3. That a California Multiple-Birth Respite Fund be established to provide funding for multiple-birth families in need of emergency care.

4. That interdisciplinary "Twin Teams" be developed for each of California's 14 Health Service Areas to:

* provide specialized education, counseling and advocacy for multiple-birth parents and health service providers in the service area;
* advise in the development of care plans for multiple-birth families;
* connect multiple-birth families to appropriate community

resources;

* administer emergency respite as described in #3 above.

The idea of the "Twin Teams" is to recruit a group of professional health and family service providers such as OB/GYNs, pediatricians, RNs, public health nurses and social workers who are familiar with the needs of multiple-birth families to whom all parents of multiples and/or their primary caregivers could have access. The composition and location of the teams might vary from area to area, but the purpose would be the same. For example, large urban areas might have a "Twin Team" in each major hospital. In rural areas, a team could be composed of one member of each perinatal clinic's staff with a public health or visiting nurse to coordinate.

5. That volunteer parents from the Parents of Twins Clubs in California be trained to give peer counseling to expectant parents and parents of multiples in their communities and to make appropriate referrals to community resources.

6. That TWINLINE be a resource for the above service delivery systems by generating research, education materials and training models for the twin teams, public health community and parent volunteers, and coordinating the California Multiple-Birth Data Bank.

D. RESEARCH

That research about multiple-birth families be given top priority in the following areas:

1. Symptoms of twin pregnancy
2. Management of twin pregnancy
3. Nutrition in twin pregnancy
4. Stages in twin development of individuation
5. Language acquisition
6. School policy and the classroom placement of multiple-birth children.

TABLE 1

Comparison of Increase in Warmline Use by Year, nationwide:

Fiscal Year	Total Client Contacts	% Increase
82-83	525	98
83-84	881	68
84-85	1641	86
85-86	2448	49

85-86: Total number of requests for information in California and nationwide: (The Bay Area comprises approximately 85 percent of the total.)

Quarter	1st	2nd	3rd	4th	Total
Parents/Fam	364	454	613	501	1932
Friend	20	21	12	16	69
Professional	56	68	107	130	361
Low-income*	89	41	74	73	147
Single Parents*	56	27	44	51	178
Minority*	105	47	59	49	260
Expectant	78	181	175	125	559

* These are partial figures. Actual figures may be considerably higher. In deference to client privacy, TWINLINE does not directly request information on ethnic, marital or financial status. We record only information volunteered by clients.

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